

# Registration Form

## GUNNISON PARKS & RECREATION DEPARTMENT

124 EAST VIRGINIA, GUNNISON, CO 81230

### Registration Options:

### **FAMILY INFORMATION:**

☐ Check if Family Information is New SEASON: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

PARENT INFO if participant is under 18 MOTHER'S NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

COMPLETE MAILING ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: HOME (970) \_\_\_\_\_ WORK (970) \_\_\_\_\_ EMERGENCY (970) \_\_\_\_\_

### **PROGRAM INFORMATION:**

Physician's Name: \_\_\_\_\_

PARTICIPANT	SEX	BIRTHDATE	NAME OF ACTIVITY	FEE
	M F			
	M F			
	M F			
	M F			
	M F			
	M F			
	M F			
I would like to donate \$2 to the scholarship program to enable economically disadvantaged youth the opportunity to participate in programs.				

E-mail Address: \_\_\_\_\_

(Please print legible)

Total \$ \_\_\_\_\_

Parent/Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Amount \$ \_\_\_\_\_ Rec'd By \_\_\_\_\_ ☐ Cash ☐ Check # \_\_\_\_\_ Date \_\_\_\_\_

☐ MasterCard ☐ Visa Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
☐ Phone ☐ Fax

1

You can mail-in your completed registration and payment. Make checks payable City of Gunnison Parks and Recreation Department and mail to 124 E Virginia, CO 81230.

2

You can drop-off your completed registration and payment. Simply drop-off your completed form and payment in our mail slot attached to the front door.

3

Phone-in your registration by calling 641-8060. Please have your registration and credit card information ready for your most convenience service.

4

Fax your completed registration and payment information to 641-8011. Confirmation will be sent to you.

In consideration for the right to participate in City Recreational programs or activities, I hereby agree to the following: I understand that this waiver and release of liability pertains to the activity(ies) I am currently enrolling in, and/or any other activity I may enroll in during the current programming session. I understand that all such activities pose the possibility of injury; and although remote, there is even a statistical possibility of permanent paralysis or death. I have been given the opportunity to ask questions of appropriate City personnel concerning such risks and hazards, and acknowledge that any such questions have been satisfactorily answered, having received sufficient information to make an informed decision, hereby agree to assume all such risks and release the City, its staff and volunteers from any liability resulting therefrom. I agree it is solely my responsibility to insure my health is adequate and my capabilities are sufficient to participate in this activity. I understand I may be photographed and give permission for their use to publicize activities for the Parks & Recreation Department. In the event of an emergency I give consent for me or my child to be taken to and treated at the nearest medical facility, understanding every effort will be made to contact the emergency contact person set forth on this form. In such event, I shall be solely responsible for all medical expense associated with medical care. This Waiver and Release of Liability is executed on behalf of myself and my heirs, personal representatives, successors, and assigns.